## EXHIBIT C

## FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPICY COURT	Dis	TRICT (	) Nevada		PROOF OF CLAIM
Name of Debtor	Case	Number			PROOF OF CLAIM
USA Commercial Mortgage Co.	06	-10	725 -XBR		
NOTE This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense ma				ement	
Name of Creditor (The person or other entity to whom the			you are aware that are proof of claim relat		
debtor owes money or property) TEARY MARKEEL L AND CHRISTIANC MARKWELL, Trastees	your	claim /	Attach copy of statem		
of the MARKWELL Formidy TRUST		ig partici ck box if	you have never recei	ved anv	
Name and address where notices should be sent		es from	the bankruptcy court		
12765 SILVER WOLF AC	Che	ck box if	the address differs fr		
RENO, NU 395// Telephone number 775 -853-6959	1	ess on the	e envelope sent to yo	u by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor		ck here	replaces		
identifies debtor	if th	is claim	amends a previ	ously filed	claim dated
1 Basis for Claum			etiree benefits as def /ages salaries and c		
Goods sold Services performed		L	ast four digits of you	ır SS# _	·
Money loaned			npaid compensation		ces performed
Personal injury/wrongful death Taxes Other SEE Exhibit		fı	om(date)	tc	(date)
G Other	- 12				(0)
2 Date debt was incurred 6-/5-2004	3	If cou	rt judgment, date o	obtained	
4 Classification of Claim Check the appropriate box or boxes the	hat best des	cnbe yo	ur claim and state the	amount o	of the claim at the time case filed
See reverse side for important explanations Unsecured Nonpriority Claim § 355, 24734		Secu	red Claim		
1 mm 🖋	ar claim, or	3 510	Check this box if you of setoff)	ır claım ıs	secured by collateral (including
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority	none or	1 " ing.		0.11	
Unsecured Priority Claim		1	Brief Description of Real Estate	_	
Check this box if you have an unsecured claim all or part of	which is	1	Value of Collateral	1	KAULUN
entitled to priority		Amo	unt of arrearage and o	ther charg	es at time case filed included in
Amount entitled to priority \$		secur	ed claim if any \$_	5247	.26
Specify the priority of the claim					chase lease or rental of property
Domestic support obligations under 11 USC $\geq$ 507(a)(1)(A) (a)(1)(B)	or	§ 507(a	1)(7)	-	isehold use - 11 U S C
Wages salaries or commissions (up to \$10 000) * earned with	ın 180 📙				tal units 11 USC § 507(a)(8) of 11 USC § 507(a)()
days before filing of the bankruptcy petition or cessation of the deb business whichever is earlier 11 USC § 507(a)(4)	tor's 📙 *A.			• •	/07 and every 3 years thereafter
Contributions to an employee benefit plan 11 USC & 507(		with re	spect to cases comme	nced on o	r after the date of adjustment
5 Total Amount of Claim at Time Case Filed	\$	35S,	47 <sup>26</sup> 355,247	<del></del>	#355,247.24
Check this box if claim includes interest or other charges in ac interest or additional charges	ldıtıon to tl	unséci ne princi		i) (p im Attacl	orionty) (Total) h itemized statement of all
6 Credits The amount of all payments on this claim has bee making this proof of claim	n credited	and dedi	icted for the purpose	of '	THIS SLACE IS FOR COURT USE ONLY
7 Supporting Documents Attach copies of supporting docum	nenis such	as prom	assory notes, purcha	ie l	
orders invoices itemized statements of running accounts conti	racts court	judgme	nts mortgages, secui	ity	
agreements and evidence of perfection of lien DO NOT SEI documents are not available explain. If the documents are voluments are voluments are voluments are voluments.	UMINOUS, A	INAL DO	JOUMENIS If the	E	LED JAN 1 0 200
8 Date Stamped Copy To receive an acknowledgment of the	filing of yo	ur claım	enclose a stamped	self-	LLD OFFICE -
addressed envelope and copy of this proof of claim					
file this claim (attach copy of power of atto	orney if an	y) rorothe	er person authorized	to	
19/1 Jergelferhall, Taco	- 00	1 11	1		USA CMC
Na Walland Market	ECV. B	MUL	ilel		#1##1   [ # 14   #4   # 14   # 14   # 14   # 14   # 14   # 14   # 14   # 14   # 14   # 14   # 14   # 14   # 14

## FORM B10 (Official Form 10) (10/05)

Harry Start Barrens C		
United States Bankrupicy Court	Distric i OF Nevada	PROOF OF CLAIM
Name of Dubtor	Case Number	PROOF OF CLAIM
USA COMWERLIAL MURTGAGE COMPAN		
NOTE This form should not be used to make a claim for an admini of the cise. A request for payment of an administrative expense ma	strative expense arising after the commencement ay be filed pursuant to 11 USC § 503	7
Name of Creditor (The person or other entity to whom the	Check box if you are aware that anyone	
debtor owes money or property)  MICHAEL S FREEDUS DAS PE  DEFINED BENEFIT PENSION PLAN  2551 AB BENEFIT PENSION PLAN	else has filed a proof of claim relating to your claim. Attach copy of statement	
DEFINED BENEFIT PENSION PLAN 2535 LAKE RD DELANSON NU 12052	giving particulars	
2535 LAKE RD DELANSON NY 12053.  Name and address where notices should be sent 4212.  MIEHREL FREEDUS, DDS	notices from the bankruptcy court in this	
DELANSON, NY 12053	case Check box if the address differs from the	
Telephone number 5,8-864-5052	address on the envelope sent to you by the court.	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor	Check here replaces	
identifies debtor	if this claim amends a previously file	d claim dated
1 Basis for Claim	Retiree benefits as defined in 1	
Goods sold Services performed	Wages salaries, and compensal Last four digits of your SS #	tion (fill out below)
Money loaned	Unpaid compensation for servi	
Personal injury/wrongful death	fromto	-
Other SEE EXHIBIT A	(date)	(date)
2 Date debt was incurred  5-05- JUNE, 2005	3. If court judgment, date obtained	
4 Classification of Claim Check the appropriate box or hoxes the	at best describe your claim and state the amount of	of the claum at the term once filed
and in side and inspertant explanations	Secured Claim	or the claim at the time case med
Unsecured Nonpriority Claim \$ 251,370.92		
Check this box if a) there is no collateral or lien securing your b) your claim exceeds the value of the property securing it, or if c) in		secured by collateral (including
b) your claim exceeds the value of the property securing it, or if c) nonly part of your claim is entitled to priority	Brief Description of Collateral	i
Unsecured Priority Claim	Real Estate Motor V	
Check this box if you have an unsecured claim all or part of w		
Amount entitled to priority S	Amount of arrearage and other charge secured claim if any \$ /370.5	es <u>at time case filed</u> included in
Specify the priority of the claim	Up to \$2 225* of deposits toward purc	bass Jass on
Domestic support obligations under 11 U S C \( \delta 507(a)(1)(A) \) or	or services for personal family or hous § 507(a)(7)	sehold use - 11 U S C
Wages salaries, or commissions (up to \$10,000),* earned within days before filing of the bankruptcy petition or cessation of the debto business, whichever is agreed. It is 60.000 to \$60.000 to \$60.0	Taxes or penalties owed to government	
business whichever is earlier 11 U S C \ 507(a)(4)	*Amounts are subject to adjustment on 4/1/6	
☐ Contributions to an employee benefit plan - 11 USC \$ 507(a)	(5) with respect to cases commenced on or	after the date of adjustment
5 Total Amount of Claim at Time Case Filed	\$251,370.92 251,370.92	251,370-92
Check this box if claim includes interest or other charges in additional charges	(unsecuted) (secured) (prition to the principal amount of the claim Attach	ionty) (Total) itemized statement of all
6 Credits The amount of all payments on this claim has been c	credited and deducted for the purpose of Tr	TES SPACE IS FOR COURT USE ONLY
making this proof of claim		COOK OR ON!
7 Supporting Documents Attach copies of supporting documents orders invoices itemized statements of running accounts, contract agreements and surdence of perfective and surdence of pe	rus such as promissory notes, purchase	Ì
agreements and evidence of beneedlon of the DO MAL SEND	ORIGINAL DOCHMENTS test.	- m.199
documents are not available explain. If the documents are volum	inous attach a summary	IRN 11 2007
documents are not available explain. If the documents are volum.  B Date-Stamped Copy To receive an acknowledgment of the filir addressed envelope and copy of this proof of claim.	ng of your claim enclose a stamped self-FWEL	JHIV I
Sign and print the name and title if any of the	e creditor or other person outhorized to	
attach copy of power of attorne	ey if any)	İ
Michael	SFREGOUS DAS TRUSTEE	1104 0110
VALLACIONI/ CRELATES DDS 7	rus Lee	USA CMC

Case 06-10725-gwz Doc 8798-3 Entered 08/02/11 08:49:06 Page 4 of 10 FÓRM B10 (Official Form 10) (10/05)

United States Bankruptcy Court	Dis	TRICT O	F Nevada	PROOF OF CLAIM
Name of Debtor USA Commercial Mortgage Company	Case !	Number (	06-10725-LBR	
NOTI: This form should not be used to make a claim for an administ of the case. A "request" for payment of an administrative expense me	strative expo ly be filed p	ense arisi pursuant i	ng after the commencement to 11 USC § 503	
Name of Creditor (The person or other entity to whom the			you are aware that anyone	
debtor ower money or property.  Water Musso & Barbara Musso Trustees of the			a proof of claim relating to Attach copy of statement	
Musso Living Trust dated 11/30/92		ng particu		
Name, and address where notices should be sent			you have never received an the bankruptcy court in this	
Walter Musso	Case		are pankinpley court in this	
P O Box 2566 Avila Beach, CA 93424			the address differs from the	
Telephone number 805-595-2123		ess on un court.	e envelope sent to you by	THIS SINCE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor		ck here	replaces	
identifies debtor	if th	s claım	amends a previously f	iled claim dated
1 Resis for Claim			etiree benefits as defined in	
Goods sold			ages, salaries, and comper ast four digits of your SS #	sation (fill out below)
Services performed			nst rour digits of your >> *  npaid compensation for se	
Money loaned Personal injury/wrongful death			om	
Taxes See Evhibit A		111	(datc)	(date)
Other Con Carriot A				
2. Date debt was incurred November 21, 2003	3.	If cou	rt judgment, date obtain	eq.
4 Classification of Claim. Check the appropriate box or boxes the	hat best des	enbe you	er claim and state the amou	nt of the claim at the time case filed
See reverse side for important explanations.		Secur	red Claim	
Unsecured Nonpriority Claim \$ 623,004 79	•		Check this box if your clair	n is secured by collateral (including
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority	ir claim, or none or		t of setoff)  Brief Description of Collat	eral
Unsecured Priority Claim  Check this box if you have an unsecured claim all or part of	which is		Real Estate Moto Value of Collateral \$	or Vehicle Other——— Unknown
entitled to priority	willen 18	Amou	int of arrearage and other cled claim, if any \$ 8.308	narges <u>at time case filed</u> included th
Amount entitled to priority \$	_	L		
Specify the priority of the claim.  Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) (aV1)(B)	or U	or service \$ 507(a	ces for personal, family, or	purchase, lease, or rental of property household use - 11 USC
(a)(1)(B)		• •		mental units - 11 USC § 507(a)(8)
Wages, salaries, or commissions (up to \$10,000),* carned with	in 180	Other -	Specify applicable paragra	ph of 11 USC § 507(a)()
days before filing of the bankruptcy pelition or cessation of the deb business whichever is earlier - 11 U S C § 507(a)(4)	*//	nounts a	re subject to adjustment on	4/1/07 and every 3 years thereafter
Contributions to an employee benefit plan - 11 U S C. § 507(				n or after the date of adjustment.
5 Total Amount of Claim at Time Case Filed	\$		04 79 623,004,79	623,004 79
Check this box if claim includes interest or other charges in ad interest or additional charges.	idition to th	(unaccu e princip		(priority) (Total) tach itemized statement of all
6. Credits The amount of all payments on this claim has been	n credited a	and dedu	cted for the purpose of	THIS SPACE IS FOR COURT USE ONLY
making this proof of claim				
7 Supporting Documents: Attach copies of supporting documents		-	-	
orders invoices itemized statements of running accounts, continuous agreements, and evidence of perfection of lien DO NOT SE			ns, morgages, security CUMENTS If the	LED JAN 16 2007
documents are not available, explain if the documents are volu			•	
8. Date-Stamped Copy To receive an acknowledgment of the	•		<u>-</u>	
addressed envelope and copy of this proof of claim				1
Date Sign and print the name and title, if any, of file this claim (attach copy of power of atte			r person authorized to	
1/8/07 1/8/107		Λ		USA CMC

The state of the s	and the second s	
United States Bankruptcy Court	District of Nevada	PROOF OF CLAIM
Name of Debtor USA COMMERCIAL WORTGAGE COMPANY	THOU OF GEARIN	
NOTE This form should not be used to make a claim for an administrative expense ma		
Name of Creditor (The person or other entity to whom the debtor owes money or property)  SHEROW TRUST DATED  9/11/89	Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars  Check box if you have never received any	
Name and address where notices should be sent  ARRON OSHEROW, TRISTEE  200 S. BRENTWOOD BLVD #9d  ST LOUIS, MG 63105  Telephone number 314 72 622		This Space is for Court Use Only
Last four digits of account or other number by which creditor identifies debtor	Check here replaces  If this claim amends a previously filed	claim dated
Goods sold Services performed Money loaned Personal mjury/wrongful death Taxes See Exhibit A	Retiree benefits as defined in 11 Wages, salaries, and compensation Last four digits of your SS # Unpaid compensation for service from	on (fill out below) es performed
2 Date debt was incurred 4/18/05	3. If court judgment, date obtained	
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations  Unsecured Nonpriority Claim \$544,233.01  Check this box if a) there is no collateral or lien securing your only part of your claim exceeds the value of the property securing it, or if c) is only part of your claim is entitled to priority  Unsecured Priority Claim  Check this box if you have an unsecured claim all or part of we entitled to priority  Amount entitled to priority \$  Specify the priority of the claim  Domestic support obligations under 11 U S C \$ 507(a)(1)(A) or (a)(1)(B)  Wages salaries, or commissions (up to \$10,000),* earned within days before filing of the bankruptcy petition or cessation of the debte business whichever is earlier 11 U S C \$ 507(a)(4)  Contributions to an employee benefit plan - 11 U S C \$ 507(a)	Secured Claim  Check this box if your claim is a right of setoff)  Brief Description of Collateral  Real Estate Motor Velovinch is  Amount of arrearage and other charge secured claim if any \$6.500  Up to \$2,225* of deposits toward purch or services for personal, family or house \$507(a)(7)  Taxes or penalties owed to governmental or services for personal paragraph of *Amounts are subject to adjustment on 4/1/0 with respect to cases commenced on or design to the service of the services for personal paragraph of the services of the services for personal paragraph of the services of the services for personal paragraph of the services of the services for personal paragraph of the services of the services for personal paragraph of the services of the services for personal paragraph of the services of the services for personal paragraph of the services of the services for personal paragraph of the services of the services for personal paragraph of	ecured by collateral (including hicle Other————————————————————————————————————
Check this box if claim includes interest or other charges in add interest or additional charges	lition to the principal amount of the claim. Attach i	ority) (Total) temized statement of all
<ul> <li>6 Credits The amount of all payments on this claim has been making this proof of claim</li> <li>7 Supporting Documents Attach copies of supporting docume orders invoices, itemized statements of running accounts, contra agreements and evidence of perfection of lien DO NOT SENI documents are not available explain. If the documents are voluntially the series of th</li></ul>	ents, such as promissory notes, purchase acts court judgments, mortgages, security D ORIGINAL DOCUMENT'S If the	IS SPACE IS FOR COURT USE ONLY FILED JAN 10 2
8 Date Stamped Copy To receive an acknowledgment of the file addressed envelope and copy of this proof of claim  Date Sign and print the name and title if any of the file this claim (attach copy of power fraction).  SAN 9, 200	ting of your claim, enclose a stamped self [] [] the creditor or other person authorized to mey, if any future	1 0 2007
Penalty for presenting fraudulent claim Fine of up to \$500,000 or		

	Micual Parm 10) (10/05)						_
	THE BANKRUPTTY COURT		Dr	TRUCT .	OF Nevada	PROOF OF CLAIM	
Name of Dania	USA Commercial Mortgage Con	npany	Case	Number	08-10725-LBR		
NOTS. This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A naquest for payment of an administrative expense may be fried pursuant to 11 U.S.C. § 503							
Name of Credite	or (The person or other entity to whom the				you are aware that anyone		1
קבאימי טארליטט	nty or property) it Savings Ballik Custodian for	1	office and	in china (iliqui	a proof of cleim relating to Attach copy of statement		1
RIC	HARD W GILMOUR, IRA			ng partic			1
Name and white	est where ubriods should be seat.				you have never neceived as		1
Richard W G	Sknour		101		the bankruptcy court in the	#	ł
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	ber 380-387-9807			fest on th Sourt	e envelope sent to you by	THE SOUTH HER COUNT LAS COM I	1
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identifies debty	7502		ıf th	nt ciaim	Amends a previously	lind claim, ¢ared	1
1. Bous for	Claim			R	siarne <b>Ge</b> neffix et definéd s	n 11 U S C. # 1114(a)	7
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	ncor performed ey loaned				umaic compensation for a		1
- Perso	onal injury/wrongful stanth			_		to	l
Z Crhw	Sce Exhibit A			•••	(date)	(dato)	
	was incurred: 03/21/06		3.	II wa	rs judgment, date abtein	न्यं:	1
4. Classification	a of Claim, Chook the appropriate box or	boxes that	best des	cribe vou	r cinim and state the amou	nt of the cities at the time once like	
See reverse si	de for imponent explanations	<b>_</b>			ed Claim		1
Second .	mpriority Claim s 150,897,26					and any or all the mail manual of any market	l
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	Dox if you have an unsecured claim all or	بلدر الم حجم	b >a		Value of Collegeral 5_U	. 🗀	j
eptitled to priorit	ty	pure or will	ich ap			arges at time case filed included in	l
Amount catilied to priority \$ \$697.28							]
Specify the primary of the chine,  Up to \$2.725° of deposits sowerd purchase, issue, or rental of property or represent for personal, family, or household use 11 U.S.C.							
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Wages, sajan	res, or commissions (up to \$10,000),* earl	ed within !			-	nepral units ~ 11 U.S.C. @ #07(a)(8).	
business whicher	of the bankruptcy petition or commun of ver is switer - 11 USC \$ 507(1)(4)	the debtor	<b>4</b> LJ		•	h of 11 U.S.C § 507(a)()	1
	na to an employee benefit plan. Il USC					V.107 and every 3 years thereafter or after the date of adjustment.	ļ
5. Total Asso	outs of Chalm at Time Case Filed.		£	160.69		180,697,26	Ì
Check this be interest or ad-	on if claim includes interest or other charge dinonal charges.	jes un addicu	ion to the	(unicus principi principi	d) (secured) I amount of the claim Ath	(priority) (Total) ach itemazed statement of all	
	The amount of all payments on this cialm	hat been er	edited a	nd ceduc	ted for the purpose of	THE SMOKE IN CHART US ONLY	
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Jaka .	Sign and print the partie and title, if	any, of the	dradiles	or other	portion but harrised to		
ad exhibit	file this claim (attach copy of power	of attorne	y, il sny	)	THE MEMORY PROPERTY.		į
1/09/07	1/2		F	bohard '	W. Gilmour	i	
	IV.	7				USA CMC	
Penaity far presei	ntinus froudulent claim. Place of up to \$50	0.000 or in	-prinoning	au tot nb	to 5 years, or both, 18 U.S	1072501864	

PAGE 02

UNDER STATES BANKRUPTCY COURT	Dr	STRICT OF NEVADA	And the second s
Name of Debtor	Case	Number	PROOF OF CLAIM
USA COMMERCIAL MORTGAGE CO.		06-10725	
NOTE This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense ma			
Name of Creditor (The person or other entity to whom the	*	eck box if you are aware that anyone	
dubtor owes money or property)	ş	has filed a proof of claim relating to reclaim. Attach copy of statement	, ; }
GRABLE B. RONNING		mg particulars	es automateur
Name and address where notices should be sent		eck box if you have never received an	
ROFICT C. LEPOME	noti	ices from the bankruptcy court in the	S seement of the seem
HENDERSON, NV 89052	☐ Che	eck box if the address differs from the	
Telephone number (702) 492-1271		ress on the envelope sent to you by court.	The Smile of Conad Son Core &
Last four digits of account or other number by which creditor		ck here replaces	
identifies debtor 5433		us claim amends a previously f	filed claim dated
1 Rasis for Claim GENERAL UN SECURE		Retiree benefits as defined in	n II USC \$ 1114(a)
Goods sold CLAIM - CLASS L	-	☐ Wages, salarres and comper	nsation (fill out below)
Services performed	7	Last four digits of your SS #	
☐ Money loaned ☐ Personal injury/wrongful death		Unpaid compensation for se	rvices performed
Taxes NECLIGENCE + FRAUD		from(date)	to(date)
2 Date debt was incurred: JAN /- 2005 40	3.	If court judgment, date obtain	ed:
APRIL 12, 2006			
4 Classification of Claim. Check the appropriate box or boxes th	nat best des	scribe your claim and state the amou	nt of the claim at the time case filed
Unsecured Nonpriority Claim \$ 1/2, 159		Secured Claim	•
		Check this box if your claim	n is secured by collateral (including
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c) is	n claim, of none of	a right of setoff)	
only part of your claim is entitled to priority	HUPMENOUS CONTRACTOR C	Brief Description of Collate	a a
Unsecured Priority Claim		1	or Vehicle Other
Check this box if you have an unsecured claim all or part of w	which is	Value of Collateral \$	
entitled to priority		•	narges at time case filed included in
Amount entitled to priority \$		secured claim if any \$	
Specify the priority of the claim		Up to \$2,225* of deposits toward por services for personal, family or	purchase, lease or rental of property
<ul> <li>Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) o</li> <li>(a)(1)(P)</li> </ul>		§ 507(a)(7)	
☐ Wages, salanes, or commissions (up to \$10 000) * ≳arned within	տ 081 ա		mental umts - 11 USC § 507(a)(8)
days before filing of the hankruptey petition or cessation of the debti business whichever is earlier - 11 USC § 507(a)(4)	tors	Other - Specify applicable paragrap	
		mounts are subject to adjustment on · with respect to cases commenced or	
	1)( <b>2</b> )		
5 Total Amount of Claim at Time Case Filed  AS OF LOVE, 2.	226 S	Crown (secured)	(2017mly) (Total)
Check this box if claim includes interest or i their charges in additional charges.	វីសែខា to th		ach (contract statement of all
6. Credits The amount of all payments on this claim has been	credited a	and deducted for the purpose of	THIS SPACE IS HOR COURT USE ONLY
making this proof of claim.			Cirio actini Cana Carioni I
7 Supporting Documents: Attach copies of supporting documents			
orders invoices itemized statements of running accounts, contra	acts court	judgments mortgages security	
agreements and evidence of perfection of lies DO NOT SEN documents are not available, explain If the documents are voluments are voluments.			
8 Date-Stamped Copy To receive an acknowledgment of the fil			FILED DEC 0 4 20
addressed envelope and copy of this proof of claim.	501 700	arming anaropa it admittant arm.	· ····································
Sign and print the name and true if any of a	the creditor	r or other person anthonized to	
file this claim (attach copy of power of a tor			F. William Angles
154 89 ROLLOY CIL SON	- 30° E.		1 89%

Penalty for presenting fraudulent claim. Fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U S

USA CMC 1072501410

FORM B10 (Official Form 10) (10/05)		
UNITED STATES BANKRUPICY COURT	DISTRICT OF Nevada	PROOF OF CLAIM
Name of Dichtor U. S.A. Commercial Mortgage Compan	Case Number 06-10725-LBR	
NOTE This form should not be used to make a claim for an administrative of the case. A 'request for payment of an administrative expense may	rative expense arising after the communicement ribe filed pursuant to 11 U.S.C. § 503	
Name of Creditor (The person or other entity to whom the debtor owes money or property) TDS Revocable Family  TRUST DATED 9-29-98	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.  Check box if you have never received any	
Name and address where notices should be sent C/OT DWIGH Sper + Bonnie SPER TTEES	notices from the bankruptey court in this case.  Check box if the address differs from the	
1005 Cypress Ridge LN, LAS Vegas Telephone number NV 89/44-1425	address on the envelope sent to you by the court	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor Client ID No. 2854		claim dated <u>9-25-06</u>
1 Basis for Claim Goods sold Services performed Money loaned	Retiree benefits as defined in I I Wages salaries and compensat Last four digits of your SS # Unpaid compensation for service	ion (fill out below)
Personal injury/wrongful death , Taxes SEE EXMIBIT A Other	fromto	(date)
2. Date debt was incurred MAY 30, 2003	3. If court judgment, date obtained.	
4. Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations.  Unsecured Nonpriority Claim \$\( \_{\text{INE}} \) 4 \( \text{F} \) \( \text{A} \)  Check this box if a) there is no collateral or lien securing you believe the value of the property securing it or if c) is only part of your claim is entitled to priority  Unsecured Priority Claim  Check this box if you have an unsecured claim, all or part of we entitled to priority  Amount entitled to priority \$\( \text{Amount entitled to priority} \)  Specify the priority of the claim  Domestic support obligations under 11 USC \( \frac{5}{2} \) 507(a)(i)(A) of (a)(1)(B)  Wages, salaries, or commissions (up to \$i0 000),* earned within days before filing of the bankruptcy petition or cessation of the debt business, whichever is earlier - 11 U.S.C. \( \frac{5}{2} \) 507(a)(4)  Contributions to an employee benefit plan - 11 U.S.C. \( \frac{5}{2} \) 507(a)  Total Amount of Claim at Time Case Filed	Secured Claim  Check this box if your claim is a right of setoff)  Brief Description of Collateral  Real Estate Motor Value of Collateral  Amount of arrearage and other chargescured claim, if any \$ \( \text{LNE} \)  Up to \$2,225* of deposits toward pure or services for personal, family, or how \$ 507(a)(7)  Taxes or penalties owed to government or services for personal paragraph of the services for persona	Secured by collateral (including left)  Whow the Collateral (included in Left)  Collateral Collateral (included in Left)  Collateral
Check this box if claim includes interest or other charges in additional charges.	(unsecured) (secured) (pditton to the principal amount of the claim Attack	monty) (Total)
<ul> <li>6. Credits: The amount of all payments on this claim has been making this proof of claim</li> <li>7 Supporting Documents: Attach copies of supporting documents orders invoices itemized statements of running accounts contragreements, and evidence of perfection of lien. DO NOT SEN</li> </ul>	nents, such as promissory notes, purchase acts, court judgments, mortgages, security VD ORIGINAL DOCUMENTS If the	This Simal is for Coert Ush Onl
documents are not available explain if the documents are volu  8 Date-Stamped Copy. To receive an acknowledgment of the fi addressed envelope and copy of this proof of claim  Date  Sign and print the name and title, if any, of file this claim (attach copy of power of attor	the creditor or other person authorized to	ED JAN 1 2 200
Penalty for presenting fraudulens claim. Hise of up to \$500 000 or	imprisonment for up to 5 years or both 18 US	USA CMC

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<b>FORM B10 (Official Form 10) (10/05)</b>				
UNITED STATES BANKRUPTCY COURT	Dist	RICT (	OF Nevada	PROOF OF CLAIM
Name of Debtor USA COMMERCIAL MORTGRE CO	Case N	umber 06	-10725-LB	e
NOTE This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense ma	strative expe ly be filed p	nec arıs Ursuani	ing after the commencement to 11 U.S.C. § 503	
Name of Creditor (The person or other entity to whom the debtor owes money or property)  DAVID C. WAHL AND MARGARET A.  Joint temper & W/R 05 WAHL  Name and address where notices should be sent DAVID C.  PO BOX &OID WAHL  MAMMOTA HATT-15, CAL 93546	else I your givin Chec notic case. Chec	nas filed claim g partic k box if es from k box if	f you are aware that anyone I a proof of claim relating to Attach copy of statement ulars I you have never received any the bankruptcy court in this I the address differs from the ne envelope sent to you by	
Telephone number 760 934-5648  Last four digits of account or other number by which creditor	the c	ourt. k here	-10-	THIS SPACE IS FOR COURT USE ONE led claim dated. 12/06/06
1 Resis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death	it thi	֖֓֞֞֟֞֓֞֓֓֟֟֝֟֝֟֓֟֟֝֟֓֓֓֓֓֓֟֟֓֓֓֓֓֟֟֓֓֓֟֟	Retiree benefits as defined in Vages salaries, and compen- ast four digits of your SS # Unpaid compensation for ser from	IIUSC § III4(a) sation (fill out below) rvices performedto
Taxes SFE Exhibit A			(date)	(date)
2. Date debt was incurred.	3.	if co	ert judgment, date obtaine	sd•
See reverse side for important explanations.  Unsecured Nonpriority Claim \$	which is  or or tor's *An (a)(5)	Amo security or serve \$ 5070 Taxes of other with respond to the counts of the counts o	Brief Description of Collate Real Estate Moto Value of Collateral \$\(\triangle L\) White of Arrearage and other chared claim, if any \$\(\triangle L\) Brief Description of Collateral \$\(\triangle L\) White of Collateral \$\(\triangle L\) White of Arrearage and other chared claim, if any \$\(\triangle L\) Brief Of deposits toward process for personal, family or layers and process for personal, family or layers applicable paragraphine subject to adjustment on a spect to cases commenced of \$\(\triangle L\) Brief Description of Collateral \$\(\triangle L\) Brief Description of	arges at time case filed included in 19. 9
<ul> <li>6. Credits The amount of all payments on this claim has bee making this proof of claim</li> <li>7 Supporting Documents: Attach copies of supporting documents invoices itemized statements of running accounts, contagreements, and evidence of perfection of lien DO NOT SE</li> </ul>	nents, such	as pron judgme	nissory notes, purchase ents, mortgages, security	THIS SINCE IS HOR COURT USE ONE FILED JAN 13 200
documents are not available, explain If the documents are volu  8. Date-Stamped Copy: To receive an acknowledgment of the addressed envelope and copy of this proof of claim  Date  Sign and print the name and title, if any, of file this claim (attach copy of power of attach.)	tiling of you	r claim	ummary , enclose a stamped, self-	USA CMC
1 1 1 1 Comment of 1 1 Comment	marca	,		

Case 06-10725-gwz Doc 8798-		tered 08/02/11 08:4	9:06 Pag	je 10 of 10	
UNITED STATES BANKRUPTCY COURT BISTRICT OF NEVADA	PRO	OOF OF CLAIM			
GEINGI OF REVAILS					
Name of Debtor	Case Nu	mber			
USA Commercial Mortgage Company	06-107	725-LBR			
3.3					
NOTE See Reverse for List of Debtors and Case Numbers					
This form should not be used to make a claim for an administrative expansing after the commencement of the case A "request" for payment of		Check box if you are aware that anyone else has	IF VOIL ARE ON	Y OWED MONEY BY A BORROWER	
administrative expense may be filed pursuant to 11 U S C § 503		filed a proof of claim relating to your claim Attach copy of	WHOSE LOAN IS BEING SERVICED BY THE DEBTORS YOU DO NOT HAVE TO FILE A PROOF		
Name of Creditor and Address	<b>a</b>	statement giving particulars	OF CLAIM THIS	INCLUDES MONEY FROM THAT	
ZADEL WILLIAM		Check box if you have never received any notices	BORROWER HE	LD IN THE COLLECTION ACCOUNT	
P O BOX 1817 PAROWAN UT 84761		from the bankruptcy court or BMC Group in this case		IS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT	
PAROVVAN UT 04/01		Check box if this address	ONE OF THE DE		
		differs from the address on the envelope sent to you by the		eady filed a proof of claim with the or BMC you do not need to file again	
Creditor Telephone Number 435) - 427 - 9049		court		E IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor identifies of	debtor	Check here replace	ces .		
6848		if this claim amen		filed ciaim dated	
1 BASIS FOR CLAIM	Retiree b	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal	
Goods sold Personal injury/wrongful death	Wages,	salaries and compensation (	fill out below)	Other claims against servicer	
Services performed		digits of your SS#		(not for loan balances)	
Money loaned	Unpaid o	compensation for services pe	rformed from	(date) to (date)	
2 DATE DEBT WAS INCURRED (6-28-05	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date) (date)	
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations	t best descr	be your claim and state the amo	unt of the claim at	he time case filed	
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM			
Check this box if a) there is no collateral or lien securing your claim or b)	your claım	الجار	our claim is secu	red by collateral (including	
exceeds the value of the property securing it or if c) none or only part of yo entitled to priority	our claim is	a right of setoff)  Brief description of	collateral		
UNSECURED PRIORITY CLAIM		_ \ \_/ ` _	Motor Vehicle	e 🗍 Other	
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral			
Amount entitled to priority \$		Amount of arrearage ar	nd other charges	at time case filed included in	
Specify the priority of the claim		secured claim if any	\$ 150,000	9	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits towa services for personal family of			
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtors		Taxes or penalties owed to go		• (,,,,	
business whichever is earlier - 11 U S C § 507(a)(4)		Other Specify applicable para			
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		* Amounts are subject to adjust with respect to cases comment			
5 TOTAL AMOUNT OF CLAIM \$	150,	००० \$		\$ 150,000	
AT TIME CASE FILED (unsecured)	(s	secured)	( prionty)	(Total)	
Check this box if claim includes interest or other charges in addition to the	e principal	amount of the claim Attach ite	mized statement of	of all interest or additional charges	
6 CREDITS The amount of all payments on this claim has been cred					
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting docu</u> running accounts contracts court judgments, mortgages, security a	<i>i<u>ments,</u> su</i> agreement	ich as promissory notes purd s and evidence of perfection	chase orders inv of lien DO NO	oices, itemized statements of T SEND ORIGINAL	
DOCUMENTS If the documents are not available explain. If the d	locuments	are voluminous, attach a sur	mmary		
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	e filing of y	our claim enclose a stamped	d self-addressed	fenvelope and copy of this	
The original of this completed proof of claim form must be sent	t by mail c	or hand delivered (FAXES N	ОТ	THIS SPACE FOR COURT	
ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or	, prevailin crporatio	ig Pacific time, on Novembi ns. joint ventures, trusts ar	er 13, 2006 nd	USE ONLY	
governmental units) BY MAIL TO		OR OVERNIGHT DELIVERY TO		FILED JAN 1 1 200	
BMC Group	BMC Gro			I Here I CANTA TO THE TERMINA	
P O Box 911	1330 Eas	t Franklin Avenue			
El Segundo CA 90245-0911  DATE  SIGN and print the name and title if any of the		do, CA 90245			
this claim (attach copy of power of attorn	ney if any)	variet hersout annioused to life		USA CMC	
1-10-07 William a. Lodel	u	DILLAM A. ZADE	<u>EL</u>	1072502027	